



BOCCE – TOWN OF DANVILLE OFFICIAL TEAM ROSTER AND CONTRACT

RECREATION SERVICES



For Office Use Only

Resident Non-Resident

Date/Time Received: _____

Check #: _____

Lottery #: _____

Season:

Spring Summer Fall

Select your preferred league night (1st, 2nd, and 3rd choices, M-F, S):

Sundays is ONLY available in the Summer League

| | | | | | | |
|-------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1st Choice: | <input type="checkbox"/> Mon. | <input type="checkbox"/> Tue. | <input type="checkbox"/> Wed. | <input type="checkbox"/> Thu. | <input type="checkbox"/> Fri. | <input type="checkbox"/> Sun. |
| 2nd Choice: | <input type="checkbox"/> Mon. | <input type="checkbox"/> Tue. | <input type="checkbox"/> Wed. | <input type="checkbox"/> Thu. | <input type="checkbox"/> Fri. | <input type="checkbox"/> Sun. |
| 3rd Choice: | <input type="checkbox"/> Mon. | <input type="checkbox"/> Tue. | <input type="checkbox"/> Wed. | <input type="checkbox"/> Thu. | <input type="checkbox"/> Fri. | <input type="checkbox"/> Sun. |

Team Name: _____

MANAGER INFORMATION

Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Payment Method (check appropriate box):

Check (payable to: **Town of Danville**) MasterCard Visa American Express Discover

Credit Card Safety Information: Do NOT Fax or Email credit card numbers – leave number blank and call the office at (925) 314-3400 to provide credit card numbers – do NOT leave credit card information on voice mail.

Print Cardholder Name: _____

Authorized Cardholder Signature: _____ Date: _____

Credit Card Number: _____

Expires: _____ CVC: _____

Team Name: _____

Waiver of Liability: I, the undersigned do hereby waive, release, and discharge all claims for damages, death, personal injury, property damage which I may have or which may hereafter accrue to me as a result of participation in said activity. I understand that accidents can occur during the said activity. Knowing the risks of the said activity, I hereby agree to assume those risks. This release is intended to discharge and hold harmless the Town of Danville, its officers and employees from liability. This waiver and assumption of risk is to be binding on my heirs and assigns. I further understand that photographs and/or video may be taken of me during the course of the said activity and that these photographs and/or video may be used on the Town of Danville publications. I have read and understand this release.

| | | | |
|----------------|------------------|------------|------------|
| 1. Print Name | Signature | | Home Phone |
| Address | City/Zip | Birth Date | Work Phone |
| 2. Print Name | Signature | | Home Phone |
| Address | City/Zip | Birth Date | Work Phone |
| 3. Print Name | Signature | | Home Phone |
| Address | City/Zip | Birth Date | Work Phone |
| 4. Print Name | Signature | | Home Phone |
| Address | City/Zip | Birth Date | Work Phone |
| 5. Print Name | Signature | | Home Phone |
| Address | City/Zip | Birth Date | Work Phone |
| 6. Print Name | Signature | | Home Phone |
| Address | City/Zip | Birth Date | Work Phone |
| 7. Print Name | Signature | | Home Phone |
| Address | City/Zip | Birth Date | Work Phone |
| 8. Print Name | Signature | | Home Phone |
| Address | City/Zip | Birth Date | Work Phone |
| 9. Print Name | Signature | | Home Phone |
| Address | City/Zip | Birth Date | Work Phone |
| 10. Print Name | Signature | | Home Phone |
| Address | City/Zip | Birth Date | Work Phone |